

AGENDA

Program Updates

- Introduction to CCW Provider Support Calls
- Local office access to the Provider Portal
- Duty to report incidents promptly
- Maintaining provider licensure
- Responding to case managers in a timely manner
- Repeal of Medicaid Chapter 27 PACE
- Monthly Training Session Incident Reporting <u>Slidedeck</u>

TOPICS

Introduction to CCW Provider Support Calls

This is the first of our Community Choices Waiver (CCW) provider support calls. These calls will be held every other month on the last Monday of the month. The purpose of these calls is to provide information and updates regarding a range of topics, and to dive more deeply into one specific topic with a training relevant to CCW providers.

The format of these calls will be the same from month to month. First, we will cover our Division of Healthcare Financing (Division) updates, then move into our training topic. The training topic will be presented by a Division staff member, or sometimes by a guest speaker. All calls will be recorded and uploaded to the <u>Training</u> page of the Division website; additionally, the slides and speaker notes for each training will be made available on the Division website after the conclusion of each call.

We welcome questions and discussion during these calls, but due to the volume of participation, we ask that questions be typed into the chat box on the right-hand side of the screen. We will address these questions at the conclusion of our training session. If we need to do additional research, we will follow-up with answers to questions via email after the call.

Our initial provider support call topics will be guided by the short provider survey sent out at the end of 2020; however, feedback or suggestions regarding additional training topics is welcome. Please email additional suggestions to elizabeth.forslund1@wyo.gov.

Local office access to the Provider Portal

The Division recognizes that there are several providers with corporate offices that are located outside of Wyoming. When registering for the Provider Portal, please ensure that local offices have access to the portal as well. With the new plan of care format, providers must respond to service requests within two business days. This process will replace the provider duty sheets, so it is imperative that local offices have access to the requests for services so that they can respond in a timely manner.

Please note that training related to the Provider Portal is available on the <u>Training</u> page of the Division. All trainings conducted by the Division will be uploaded to this webpage.

Duty to report incidents promptly

Today's training topic addresses incident reporting, but the Division wanted to remind both providers and case managers of their duty to report incidents promptly. Incidents must be reported to the Division after assuring the participant's health and safety.

Maintaining provider licensure

Provider licensure for service provision must be kept up-to-date, and evidence of the licensure must be submitted to the Division. Licensure requirements apply to staff members who work with participants, but also apply to the organization. For example, a nurse is required to have a license to practice nursing, but a home health agency is also required to be licensed with the Department of Health, Aging Division. Please ensure that all required licenses for service provision are maintained, and be prepared to provide additional information regarding licensure to the Division upon request.

Responding to case managers in a timely manner

Consistent and complete documentation in the participant's record is a critical component of providing quality care and services. One essential element to ensuring communication and appropriate documentation is to respond in a timely manner to case manager inquiries and tasks within the Provider Portal. A training regarding the use of the provider portal is available on the Division website.

Additionally, for those individuals whose plans were developed prior to February 1st, please ensure that the paper Provider Duty Sheet is signed and returned to case managers within 10 business days, confirming intent to provide the service(s) for the amount listed. This form acts as the agreement between the case manager and service provider to authorize services based on the participant's person-centered plan of care. Providers should not deliver services until a prior authorization letter is received.

As a reminder, tasks within the provider portal will be replacing the Provider Duty Sheet upon renewal of plans, so it is essential to work within the provider portal. To ensure the participant's needs are being met, it is vital for providers to communicate with case managers in providing necessary documentation.

Repeal of Medicaid Chapter 27 - PACE

On August 26, 2020, the Wyoming Department of Health announced difficult budget reductions approved by the Governor's Office in response to historic declining state revenues. As part of these reductions, the Department of Health eliminated the Program of All-Inclusive Care for the Elderly (PACE), effective March 1, 2021. Participants of the PACE program have transitioned to other service options; therefore, the Chapter that establishes rules for PACE must be repealed in order to fully end the program.

In accordance with the Medical Assistance and Services Act and the Wyoming Administrative Procedures Act, the Division has posted public notice, and welcomes all comments on the proposed repealed rules. Written comments must be submitted to Shirley Pratt no later than 5:00PM on April 28, 2021.

For more information, please visit the <u>Public Notices, Regulatory Documents, and Reports</u> page of the Division website, and review the details listed under the *Invitation to Provide Public Comment on the Repeal of Medicaid Chapter 27* toggle.

WRAP UP
Next call scheduled for May 24, 2021